

ELEGRAPHIC MESSAGE	PRECEDENCE	SECURITY CLASSIFICATION	
NAME OF AGENCY	- ACTION:	•	
DHEW, PHS, HSMHA, RMPS	INFO:		
ACCOUNTING CLASSIFICATION	DATE PREPARED	TYPE OF MESSAGE	· · · · · · · · · · · · · · · · · · ·
3-3971015 7530321 23.6J	4/5/73		
, FOR INFORMATION CALL		SINGLE BOOK	
Cleveland R. Chambliss	PHONE NUMBER	MULTIPLE-ADDRESS	• .
THIS SPACE FOR USE OF COMMUNICATION UNIT			
MESSAGE TO BE TRANSMIT	TED (Use double spacing and all cap	ital letters)	
CHARLES B. McCALL, M.D.	TO: MR. ARTHUR H.	•	
DIRECTOR REGIONAL MEDICAL PROGRAM OF	DEPUTY CHANCE TEXAS REGIONA		
TEXAS	PROGRAM, IN	ic.	•
4200 NORTH LAMAR BOULEVARD AUSTIN, TEXAS	4200 NORTH LA SUITE 200	MAR	•
AUSTIN, TEAMS	AUSTIN, TEXAS	5	
ACTING PROGRAM DIRECTOR, RMP OFFICE OF THE REGIONAL HEALTH DIRECTOR DHEW REGION VI 1114 COMMERCE STREET DALLAS, TEXAS			\$r
THIS IS TO ADVISE YOU OF THE DECISIONS THE PHASE-OUT PLANS SUBMITTED ON MARCH			
,		J.	
PROGRAM. THE DECISIONS ARE AS FOLLOWS) : 		
1. THE TERMINATION DATE FOR THE	TEXAS REGIONAL MEDIO	CAL PROGRAM IS	
OCTOBER 31, 1973. THIS IS TH	E DATE BEYOND WHICH	NO RMPS GRANT	
FUNDS MAY BE EXPENDED.			
2. THE APPROVED DIRECT COST IS N	10W \$837,246 PLUS API	PROPRIATE	
INDIRECT COSTS. AN AMENDED A	WARD WILL BE ISSUED	FOR THE NEW	
APPROVED BUDGET PERIOD JANUAR	RY 1, 1973 THROUGH O	CTOBER 31, 1973	
3. FUNDS MAY BE EXPENDED AFTER 6	5/30/73 FOR ONLY THO	SE SECURITY CLASSIFICATION	
PROGRAMMATIC ACTIVITIES LISTE	D BELOW PAGE NO. NO. OF	PGS.	
STANDARD FORM 14	<u> </u>		14-306

NAME OF AGEN	Y		PRECEDENCE		SEC	CURITY CLASSIFICATION	Ж	
		•	ACTION:				•	
			INFO:					٠.
ACCOUNTING CL	ASSIFICATION		DATE PREPAR	ED .	TYI	PE OF MESSAGE		
	FOR	INFORMATION CALL				SINGLE BOOK		
NAME			PHONE NUM	SER .	[MULTIPLE-ADDRESS	s	
THIS SPACE F	OR USE OF COMMUNICATI	ON UNIT						
	MFSS	AGE TO BE TRANSMITTE	ED (Lise double	hacing and all c	abital letters)	·····	
TO:			- Contract of	July Williams			·	
	NUMBER	TITLE						
	#54a GRO							
	#54b GRO							
	#54c GR0		•			i i i i		
	#54d GRO	•				1 1 1 1 1 1 1		٠
	#54e GRO							
	#57a COMPRE	HENSIVE RENAL	PROGRAM			8 8 9 9		
	#66 DEMO.	UNIT AND CONTI	NUING ED	CATION I	N MEDIC	CAL REHAB.		
	THE TOXCITY CONT	RACT WITH THE	UNIVERSI	Y OF TEX	AS MEDI	ICAL BRANCI		
	MAY BE CONTINUED	UNTIL COMPLET	ION AUGUS	ST 1973.	ALL OT	THER		
	ACTIVITIES NOW O	NGOING, INCLUD	ING THOSE	PREVIOU	SLY CO	ITRACTED -		
	BY THE PRESENT O	R THE PREVIOUS	GRANTEE	MUST BE	TERMINA	ATED		
	BETWEEN NOW AND	JUNE 30.						
4.	FUNDS MAY NOT BE	REBUDGETED IN	ITO PROGRA	W STAFF	PERSON	EL.		
	EXPENDITURES FOR						·	
	SHOULD BE KEPT A	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 1101722	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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5.	IN SUMMARY, THE						4	
	SUPPORT BEYOND J	TUNE 30 FOR THE	E PROJECT	S AND ACT		S LISTED CURITY CLASSIFICATION	ON	
	ABOVE AND FOR PE	ROGRAM STAFF NE			OF PGS.			
	PROJECT ACTIVITY	AND TO ASSURE	<u>:</u>	2 3				

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And the second						
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•	INFO	· •				
ACCOUNTING CLASSIFICATION	DATE P	REPARED		TYPE OF MESSAGE		
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FOR INFORMATION CALL	·			SINGLE BOOK		
NAME	PHONE	NUMBER		MULTIPLE-ADDRES	S	
THIS SPACE FOR USE OF COMMUNICATION UNIT	.L					
		·				
MESSAGE TO BE TRANSMITTED	(Use do	uble spacing a	nd all capital le	tters)		
	DEME	TC DV A	' CTABEB 41	1070		
COMPLIANCE WITH CLOSE-OUT REQUI	KEMEN	112 BI U	CIOREK 31	, 19/3.		
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THE ABOVE INFORMATION IS NOT INTENDED TO	BE A	N ALL-I	NCLUSIVE	RESPONSE		
TO VOUR PROPOSED BLANC FOR FOUTPMENT DIE	DOCAL	חודממט	ነው <u>የ</u> ነምምነካ	TON UCC		
TO YOUR PROPOSED PLANS FOR EQUIPMENT DIS	PUSAL	, RECUR	D2 KETENI	IUN, USE		
OF GRANT-RELATED INCOME, ETC. RATHER, I	T REP	RESENTS	OUR JUDG	MENT		
		•		į.		
BOUT THE BASIC DECISIONS NEEDED TO ENAB	LE YU	U TO IN	ITIATE PI	IASE-OUT		
OPERATIONS AND NEGOTIATIONS.				-		
WE EVECT THAT YOU LITE HAVE OUTSTTONE A		HDAG W			•	
WE EXPECT THAT YOU WILL HAVE QUESTIONS A	ND ME	URGE Y	OU TO CAL	L THE		
GRANTS MANAGEMENT BRANCH (301/443-1800)	FOR A	SSISTAN	CE AS NEE	DED. THE		
GRANTS MANAGEMENT STAFF WILL ALSO BE CONTACTING YOU REGARDING SPECIFIC						
DETAILS ON THE PHASE-OUT OF YOUR PROGRAM AND THE FORMS TO BE PREPARED						
	MIL	111 1 010	10 00	I NEI ANED		
TO SUPPORT THE AMENDED AWARD NOTICE.		•				
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REGI	ONAL	MEDICAL	PROGRAMS	SERVICE		
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STANDARD FORM 14 REVISED AUGUST 1967 GSA FPMR (41 CFR) 101-35.306